REGION IV PRE-SUMMIT REPORT

The Region IV Pre-Summit Session was held from 8:30 AM until 12:00 PM on Wednesday February 18, 2004, at the Cajundome Convention Center in Lafayette, Louisiana. The event was co-sponsored by the Greater Lafayette Chamber of Commerce and Lafayette Consolidated Government, and was structured to maximize the opportunity for attendees to have their spoken or written remarks incorporated into this report.

Pre-Summit attendees were invited to participate in any of six concurrent focus group sessions, targeted at the needs of (1) children, (2) persons 65 and over, (3) persons with developmental disabilities, (4) persons with mental illnesses, (5) persons with addictive disorders, and (6) all other persons or healthcare or health financing-related issues. Two hundred fifty-eight (258) persons signed the attendance roster. All seven parishes (Lafayette, Acadia, Iberia, St. Martin, St. Landry, Evangeline, Vermilion) in Region IV were represented. Several parishes adjacent to Region IV parishes were also represented, notably St. Mary Parish which was formerly designated by the Department of Health and Hospitals as part of Region IV. Attendees indicated that the forum was a valuable experience and should be repeated regularly to air issues and seek solutions and to include consumers & providers in system redesign.

A follow-up web-based survey was made available through the Internet for those who could not attend in person. Access was via not only the Lafayette Chamber's website, but in cooperation with public library sites in all seven parishes and the Lafayette Daily Advertiser website. The web-based survey drew over 300 responses and can be viewed at: http://www.surveymonkey.com/DisplaySummary.asp?SID=386425&U=38642582378&bhcd2=1077739093.

Common Themes

A number of overarching themes appeared to arise in most if not all of the focus groups at the Region IV Pre-Summit session. A sampling of these themes appears below:

- Dollars should follow patients.
- There may be sufficient funds to deliver needed services, but lack of agency coordination among duplicative bureaucracies wastes money.
- A well-trained and well-paid workforce is essential.
- Some lower-income consumers lack incentive to work for fear of not being eligible for benefits available to the unemployed.
- Healthcare is best delivered locally and not necessarily in institutions.
- Preventative care and wellness are essential components of healthcare delivery.
- Healthcare providers and consumers should be better educated as to availability of resources. A central repository for such information is much needed.
- Better and more timely data is needed for policymaking decisions.

Additional comments received in the focus groups, and organized by the state questions posed, are as follow.

Question 1.

What challenges (if any) do the following populations pose [face?] in your community?

a. Uninsured population

- Employers often do not offer health insurance benefits for all (i.e., part-time workers) and other employees opt out of plans to avoid premium costs.
- Limited choice of healthcare providers who accept uncompensated care or offer "sliding scale" fee structure.
- Incur more "lost time" due to travel to "free" or "sliding scale" care, longer waits for appointment dates and longer wait times after arrival.
- Lack of transportation to services centralized in Lafayette/at UMC.
- Lack of access to dental and vision care.
- Lack of continuity of care due to frequent change of physician who rotate as part of GME residency programs at "free" care sites.
- Under-funded programs result in uncertaintly about availability of "free" care programs.
- Often unable to purchase medications and are therefore non-compliant with prescriptions.
- Can't fund catastrophic care or care for chronic conditions.
- Difficulty being seen by private providers due to inability to pay.
- Inconsistent information about possible eligibility for state services.
- No free services available after hours and on weekends except in hospital ERs.

b. Medicaid population

- Eligibility for Medicaid limited to "poorest of the non-working poor" or certain groups – indigent children, mothers to be or disabled.
- Limited choice of providers who accept **new** Medicaid cases even if those providers are listed as "participating" in Medicaid.
- May find that qualifying for nursing home or long-term care benefits necessitates draining family assets. Also, no single point of information and access for long term care and limited access to home-based care.
- Specific gaps in orthopedics, pediatrics, dermatology, mental health services (specifically for children under 10) and dental (specifically for those over 21).

- Travel issues, long wait times, and long waits for appointment dates due to service limitations at UMC.

- Few private transportation providers available due to low reimbursement and competition with grant-funded, non-profits.

c. Medicare population

- Lack of prescription drug program currently.

- Annually increasing premiums for Part B coverage and "Medigap" supplemental coverage.

- More likely to suffer chronic conditions.

- As Medicare population grows so do problems and needs.

- Limitations on state-sponsored co-pay for long-term care.

- Some persons over 65 ineligible for Medicare.

d. Privately [non-governmentally] insured population

- Limited choice of healthcare providers who accept specific employer-sponsored insurance plans because reimbursement is low, a managed care risk-sharing provision is unattractive, or administrative requirements are onerous.

- Annually increasing insurance premiums and the risk of employers not offering coverage due to costs.

- Prescription drug cost and lack of prescription drug plan.

- Cost shifting leaves insured paying for uninsured and underinsured.

- Higher deductibles and co-pays.

- Lack or limiting coverage for preventive care, psychiatric benefits and pre-existing conditions and/or special needs.

- Managed care limits choice of providers.

Question 2.

What are the healthcare needs of the following populations in your community?

a. Children

- Pre-natal care for mothers.
- Child development education for first-time mothers.
- Early screening and intervention for birth-related and childhood conditions.
- Immunizations.
- Basic hygiene, nutrition, diet, exercise & health education, through adolescent years.

- Early identification of “special needs” in children and review of eligibility for government sponsored services.
- After-school mentoring focused on healthy lives and health careers.

b. People ages 65 and older

- Regular screening and intervention for diseases and conditions of older adults (diabetes, congestive heart failure, Alzheimers, dementia, vent dependency).
- Immunizations, e.g., influenza and pneumonia.
- Societal sensitivity to persons on fixed incomes.
- Funding to support home-based assisted living.
- Need for assistance in understanding and paying for various care alternatives (e.g., medications, Medicare supplements, long-term care premiums).
- Expansion of Hospice and end of life care.

c. People with developmental disabilities

- Treatment, rehabilitation, and socialization of persons with developmental disabilities.
- Education of family members in assisting in care of the disabled and in coping with any attendant stresses.
- Standardized and seamless approach to care coordination (currently there is conflicting rule interpretations by agencies and case workers).
- Long term care with greater scope of services (e.g., specialty clinics, dental services, eyeglasses, hearing aids), shorter waits, and integration of mental health and developmental services.
- Better pay for higher qualified personnel and improved budgets for medical equipment and home care services.
- Affordable housing choices.
- Additional communication aids for deaf and blind at healthcare facilities.
- Better coordination of referrals amongst providers.
- Support of developmental disabled children in educational system.

d. People with mental illness

- Treatment of the psychiatric disorder and any co-occurring addictive and/or behavioral disorders.
- Education of family members in assisting in care of the mentally ill and in coping with any attendant stresses.
- More acute and long-term inpatient mental health beds, private and public, for adults, adolescents and children.
- Adequate number, location and staffing of outpatient clinics and outreach programs, with enhanced transportation to those.
- Adequate reimbursement to acute mental health “distinct part units” at private hospitals and to acute free-standing providers given Medicaid exclusions.
- Rational determination of “lifetime psychiatric days,” given multiple diseases/chronic conditions.
- Participation exceptions (i.e., currently dropped from service if bed bound and unable to make appointment)
- Home health delivery of mental health services.
- Stronger outreach and support systems for families.

e. People with addictive disorders

- Treatment of the addictive disorder and, concurrently, of any co-occurring psychiatric and/or behavioral disorders.

- Education of family members in assisting in care of the addicted and in coping with any attendant stresses.
- Facilities, staff and services to treat adult and juvenile demand, including co-occurring disorders (i.e., addictive and mental health).
- Reduced waiting times for appointments.
- Insurance programs and Medicaid benefits. Private insurance typically covers only detox and not 28-day programs.
- Prescription coverage for other illnesses during treatment and recovery.
- Transportation to AA meetings.

Question 3.

What are the strengths of your community's health care system?

- Healthcare services are currently provided in Region IV by approximately 1,019 licensed physicians working in office-based practices or clinics and/or in conjunction with 3 Federally Qualified Health Centers (FQHCs) and 17 acute care hospitals having 2.419 licensed beds. Among these acute beds are those of one women's and children's specialty hospital (93 licensed beds) and one critical access hospital (25 licensed beds). In addition, there are 4 long-term acute care hospitals (121 licensed beds), 3 rehabilitation hospitals (34 licensed beds), and 2 psychiatric hospitals (80 licensed beds) in Region IV.

- The Louisiana Rural Health Access Program (LRHAP).

- Local consortia and community health networks developed to identify local problems and prioritize solutions (e.g., Lafayette Community Health Consortium, the Vermilion Community Health Network, and emerging networks in Acadia, Iberia, St. Landry, parishes).

- The Health Informatics Center of Acadiana (HICA) at the University of Louisiana. More information on the Center or Region IV data/statistics can be found at: http://www.louisiana.edu/~lpc8602/hica.html.

- Compassionate providers.

- Presence of UMC, its GME program, and its pharmaceutical assistance program.

- Parish health units in each of the seven parishes comprising Region IV.

- Lafayette Community Health Care Clinic for "working poor" and its offering of medical, pharmaceutical and dental care.

- Council on Aging and other not-for-profit agencies supplying medical transportation.

- Good existing supports for children's services: four school-based health centers, school nurses, UMC pediatric clinic, special supplemental nutrition program for women, infants and children (WIC), vaccines for children, early intervention programs through OPH health units, LaCHIP.

- Family and solution-oriented culture with good base of patient advocacy groups, resource agencies and support networks.

- Nursing homes funded by Medicaid.
- Excellent home health agencies.
- Good prescription assistance programs to be built upon.
- Volunteers at community clinics.
- Drug prevention programs in certain outlying parishes; none in Lafayette Parish.
- Detox center with counselors (unique to Region IV).
- Southwest Louisiana Area Health Education Center (SWALHEC) and as a resource for grant coordination within Regions IV, V and St. Mary Parish.
- ULL nursing program (BSN and MSN programs).

Question 4.

Identify any important gaps in your community's health care system. In addition to the items noted above (number 2), other examples of gaps may include hospital services, primary care services, diagnostic services, specialty services, trauma care, affordable pharmaceuticals, etc. How would you address these gaps?

- Recurring staff layoffs and reduced services at UMC, causing UMC's traditional indigent patient base to seek care outside the "charity system."
- Withdrawal of certain LSUHSC-NO GME residency programs (most recently orthopedics and OB) and the tenuous status of others at UMC.
- Frequent "diversion" of patients from UMC's Emergency Department due to lack of staff, beds and/or services.
- Lack of a regional trauma center.
- Inadequate number of mental health beds and inpatient and outpatient mental health services.
- Lack of coordinated treatment programs for co-occurring disorders, i.e., cases in which both mental health and substance abuse diagnoses are present.
- Lack of adequate funding for rural and urban hospitals dealing with a high proportion of uninsured and underinsured and additionally challenged by specialty or "boutique" hospitals.
- Need for more primary care providers accessible to rural populations.
- Recent reductions in number and services offered in parish health units.
- School based health clinics struggle for funding. Also, school nurses staffed at less than state and federal standards for per child ratios.
- Gap in early intervention services for ages 4+.

- Need for greater use of nurse practitioners in Community Care.
- Need cost controls for medications and vaccines.
- Transportation from outlying parishes to Lafayette. Some areas only offer medical transportation two times weekly.
- Lack of sufficient dental, optometry and hearing services.
- Insufficient reimbursement for specialty clinics.
- Lack of coordination of care between primary and specialty providers.
- Too little awareness of services for brain injured patients re: treatment and after care.
- Little to no assistance from freestanding labs and imaging facilities for patients who can't pay for diagnostic services.
- Local medical review policies won't pay for certain infusions.
- Insufficient admission processes and timeframes for acceptance for long term care versus institutions.
- Need for state support for FQHCs.
- Need to separate mandated and optional services so that time or money is not wasted on unnecessary services to gain other services.
- Elderly not eligible for "spin down" programs and fall through the cracks.
- Coordination of services for hearing and sight impaired with developmental disabilities.
- Lack of coordination and accountability among state and private providers.
- Lack of qualified health care professionals.
- Failure of the state's "Single Point of Entry" process for mental health due to lack of resources.
- Erosion of general mental health beds due to forensic population.
- Inadequate mental health screenings in emergency rooms, inappropriately increasing demand for inpatient beds.
- No social detox treatment outside of Baton Rouge.
- Long waiting list for Acadiana Recovery facility (only 28 day program in Region IV).
- Outpatient addictive disorder clinics overworked.
- Lack of state coverage for costs of inpatient and halfway house treatment. No three-quarter way facilities for addictive disorders.

- Office of Addictive Disorders gets smallest level of funding when compared to mental health and developmental disabilities. Addictive disorders do not qualify individual for disability benefits. No outpatient addictive disorder clinic in St. Martin or Vermilion Parishes.

Question 5.
Describe changes that could be implemented to improve the health care in your community with specific consideration given to access, quality, and cost (to the state and patient) of services. If additional funds would be required, discuss potential funding sources (federal, state, local, nongovernmental) and their likelihood. What health care system improvements could be made without additional funding?

The following items highlight potential areas for improvement, with and/or without additional funding:

- Optimize staffing of UMC by LSUHSC-NO GME faculty and residents to fill gaps in services and provide better coverage in rural areas.

- Require that all appropriate revenues for care services provided by LSUHSC-NO GME faculty and residents be billed and collected.

- Require that Disproportionate Share Hospital (DSH) funding be paid into Region IV in proportion to the population of medically indigent in the Region.

- In children's services:

  Use federal money as directed for safety nets; recruitment/retention of providers in rural areas; unlimited preventive care covered by insurance plans; enable specialty providers to fill PCP roles; enable nurse practitioners to serve in PCP roles; better access to information/clearinghouse; more school nurses to mandate of 1:1500; more school based health clinics; constitutional amendment to protect health care and education from constant cuts; create dedicated funding by tobacco excise, alcohol license etc; implement patient co pays for Medicaid; Foundation funding; regional consolidation of agencies for children's services; cap malpractice insurance; tort reform.

- For 65 and older:

  Community based assistance a la Texas model; need comparative data on facilities accessible by 1-800 number; tax credits for long term care; specialty care unit for vents; more community health clinics; self funded insurance plans; partner with medical societies and regional pharmaceutical companies for help for indigent; disease management programs and best practices; regulate utilities; survey people on needs more often.

- For developmental disabilities:

  Loosen regulations on home care; address individual needs to maximize service and minimize expense; paid transportation services for severely handicapped; focus on prevention; new emergency rule for supervised independent living to put more resources on direct care versus supervisory personnel; teleconferencing and telemedicine; address needs of developmentally disabled whose parents are aged;

- For mental illness:

  More outreach clinics for early intervention and underserved areas; evaluate regional authority concept; enhance communication between DHH and OMH and Dept of Education for pooling of resources; education to erase stigma; increased forensic beds; federal grants/dollars like PACT/ACT; add mental health screenings to Kid Med exam; look at North Carolina model;

- For addictive disorders:

  Social detox; longer recovery treatment after short detox; move clinics and offices out of UMC to allow for more beds; centralize major services and pursue halfway houses in outlying areas; information at public health units; PSAs for resources; cooperation between local governments and sheriff's offices; train and employ former patients as counselors; tie employment agency to halfway houses; rid of Methodone clinics in N.O.

- General:

  Permanent moratorium on specialty hospitals; utilize public health space for specialty clinics; improve information technology (i.e., telemedicine, paperless systems, e-health, etc.)/funding available via Homeland Security; track state programs for success or failure (i.e., Community Care); pursue property tax specifically for health units; close beds/programs at UMC; clean up charity and Medicaid system; force Medicaid recipients to charity; create incentives for Medicaid recipients to be better educated consumers of care; reduce duplications within charity system; greater access by Medicaid to generic drugs; insurance opportunities for uninsured; mandate that free standing specialty hospitals take Medicaid an insured; tap non-profit social service agencies to provide non medical health services; get grants for students attending nursing school; better utilize public health units; fewer regs and rules for providers; provide reimbursement for public hospitals outside of N.O. and Shreveport to do GME; better utilize LaCHIP.

Question 6.
How should state health care spending be prioritized to support your community in meeting its needs?

In addition to solutions already mentioned, Pre-Summit attendees also called for:

- Preventive medicine and wellness programs for children)re: STDs, prenatal classes, health education, nutrition education) and for elderly

- Re-capitalized safety net hospitals with Benefits Improvement and Protection Act of 2000

- Special reimbursements for providers treating children with special needs

- Consolidation of state agencies for cost savings

- Move CHS and UMC pediatric clinic into one unit to include dental and mental health

- Fund statewide school nurse coordinator within Dept. of Education

- Replicate Region IV, hospital-based, early intervention medical model statewide

- Identify and manage medical outliers/catastrophic cases
- Greater creativity (e.g., HIFA waiver) to expand dollars coming into the state
- Provider tax or use of “death tax” to fund healthcare needs
- Better integration of physical and emotional needs
- Financial compensation for family members who cease employment to become caregivers of developmentally disabled
- Use volunteerism by those who deal with developmentally disabled to arrive at solutions
- Pursue additional Medicaid eligibility for developmentally disabled
- State funding to UMC before private facilities for addictive disorders
- Tax breaks for private providers offering addictive disorders services
- Use of confiscated drug dollars for addictive disorders
- Control payraises for government officials to better fund treatment and prevention of addictive disorders
- Equal disbursement for all addictive disorders treatment centers
- Pursue grant monies for greater access to care, including infectious disease issues

The Region IV Healthcare Planning Council created by Senate Concurrent Resolution 150 in 2003 also made the following recommendations:

- Request that the Louisiana Legislature decentralize oversight and management of hospitals in the state charity hospital system such that there will be a local governing body to maintain control of regional operating and capital budgets, manage the scope of services, and plan strategically for the delivery and financing of care for the medically indigent in Region IV. Such a body would be required to ensure it had continuing representation from each parish in the region and works in collaboration with other state programs for the medically indigent.

- Given the above, create a healthcare foundation in Region IV to pursue fundraising strategies for the provision of seed money that can be used to leverage access to capital/monies and otherwise promote improved access to care for the medically indigent. Such efforts might include mechanisms to support improved reimbursements to providers for the provision of that care. The foundation shall seek 501(c) federal tax status shall and shall include representation all Region IV parishes.

- Maintain and enhance support for GME activities in Region IV.

- Request that the Legislature direct and fund DHH to provide consulting and strategic planning guidance to the governing body mentioned above.

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APPENDIX

The responses generated from the Region IV Pre-Summit are supplemented by the web based survey results below.

1. Please select your age range.

		Response Percent	Response Total
18-24		4%	12
25-34		14.8%	44
35-44		25.8%	77
45-54		**33.6%**	**100**
55-64		18.8%	56
65 and over		3%	9
	Total Respondents		**298**
	(skipped this question)		2

2. Please select your gender.

		Response Percent	Response Total
Male		30.2%	90
Female		**69.8%**	**208**
	Total Respondents		**298**
	(skipped this question)		2

3. Please select your Parish of residence

		Response Percent	Response Total
Acadia		4%	12
Evangeline		0.7%	2
Iberia		3%	9
Lafayette		**75.5%**	**225**
St. Landry		4%	12
St. Martin		6.4%	19
Vermilion		2%	6
View Other (please specify)		4.4%	13
	Total Respondents		**298**
	(skipped this question)		2

5. What type of health coverage do you currently have?			
		Response Percent	Response Total
Medicaid		1.7%	5
Medicare/Medicare supplement		4%	12
Privately insured - Private Policy		8.7%	26
Privately insured - Group Policy (Employer)		**72.5%**	**216**
Uninsured		13.1%	39
		Total Respondents	**298**
		(skipped this question)	2

6. What health care challenges, if any, do you see for the following populations:
Please select from dropdown menues to the right.

Challenge 1

	Hospital costs	Pharmaceutical costs	Physician costs	Quality of care	Availability of physician/caregiver	Avail. of particular service/procedure	Distance and/or transportation	Waits for care	Uninsured	Response Total
Medicaid (eligibility based on income)	11% (23)	13% (28)	2% (5)	12% (25)	**30% (63)**	9% (20)	4% (9)	6% (13)	12% (26)	**212**
Medicare (65 and older or disabled)	12% (25)	**54% (116)**	3% (6)	6% (13)	11% (24)	3% (6)	4% (9)	3% (6)	4% (8)	**213**
Children	7% (14)	7% (14)	5% (9)	10% (20)	17% (32)	9% (18)	2% (4)	7% (13)	**36% (69)**	**193**
People with developmental disabilities	7% (13)	3% (5)	3% (5)	15% (27)	16% (29)	**27% (48)**	11% (19)	4% (7)	14% (24)	**177**
People with mental illness	5% (10)	7% (12)	3% (5)	13% (23)	**23% (42)**	20% (36)	4% (8)	6% (11)	19% (35)	**182**
People with addictive disorders	13% (23)	2% (3)	1% (1)	9% (16)	12% (21)	26% (47)	1% (2)	9% (16)	**28% (49)**	**178**
Privately insured	**35% (64)**	27% (50)	15% (28)	3% (5)	8% (15)	4% (8)	1% (1)	2% (4)	5% (10)	**185**

Challenge II

	Hospital costs	Pharmaceutical costs	Physician costs	Quality of care	Availability of physician/caregiver	Avail. of particular service/procedure	Distance and/or transportation	Waits for care	Uninsured	Response Total
Medicaid (eligibility based on income)	9% (16)	16% (29)	7% (13)	7% (14)	14% (27)	**21% (40)**	13% (25)	8% (15)	4% (8)	**187**
Medicare (65 and older or disabled)	**18% (34)**	**18% (34)**	11% (21)	7% (13)	10% (20)	10% (20)	15% (28)	5% (10)	6% (11)	**191**
Children	13% (22)	15% (25)	10% (17)	12% (20)	**16% (26)**	15% (24)	7% (11)	5% (9)	6% (10)	**164**
People with developmental disabilities	10% (15)	7% (11)	6% (9)	14% (22)	18% (29)	**22% (35)**	11% (17)	6% (9)	6% (10)	**157**
People with mental illness	7% (12)	14% (22)	3% (5)	11% (18)	16% (25)	**25% (41)**	7% (11)	6% (9)	11% (18)	**161**
People with addictive disorders	15% (23)	5% (8)	5% (7)	12% (18)	15% (23)	**24% (37)**	7% (11)	7% (11)	9% (14)	**152**
Privately insured	19% (32)	**40% (69)**	18% (30)	5% (8)	6% (10)	10% (17)	1% (2)	1% (2)	1% (1)	**171**

Challenge III

	Hospital costs	Pharmaceutical costs	Physician costs	Quality of care	Availability of physician/caregiver	Avail. of particular service/procedure	Distance and/or transportation	Waits for care	Uninsured	Response Total
Medicaid (eligibility based on income)	8% (13)	15% (25)	6% (9)	13% (21)	6% (9)	11% (18)	**20% (32)**	13% (21)	9% (15)	**163**
Medicare (65 and older or disabled)	**16% (25)**	11% (18)	10% (15)	8% (13)	13% (21)	14% (22)	14% (22)	10% (16)	3% (5)	**157**
Children	12% (17)	14% (19)	**17% (23)**	9% (13)	12% (17)	9% (13)	9% (12)	7% (10)	9% (13)	**137**
People with developmental disabilities	8% (11)	**19% (25)**	11% (15)	12% (16)	8% (11)	10% (13)	18% (24)	8% (10)	5% (6)	**131**
People with mental illness	8% (11)	**16% (24)**	8% (12)	15% (22)	8% (12)	10% (14)	14% (20)	13% (19)	8% (12)	**146**
People with addictive disorders	11% (15)	10% (13)	8% (11)	12% (17)	14% (19)	12% (17)	**15% (20)**	9% (12)	9% (12)	**136**
Privately insured	21% (32)	7% (11)	**28% (43)**	10% (16)	9% (14)	14% (21)	4% (6)	5% (7)	2% (3)	**153**

Total Respondents	**236**
(skipped this question)	**64**

What are the strengths of your community's health care system?

	Private or community hospitals	University Medical Center	Physicians	Nursing Homes	Mental Health facilities	Clinics	Emergency services	Home care services	Technology	Degree of choice	Availability/access	Support/social services
Strength I												
lease select the top 3 strengths	**30% (67)**	**30% (67)**	10% (23)	1% (2)	0% (0)	2% (5)	4% (9)	2% (4)	2% (4)	11% (24)	7% (16)	1% (3)
Strength II												
lease select the top 3 strengths	19% (40)	16% (33)	**19% (41)**	3% (7)	1% (2)	8% (17)	9% (19)	4% (9)	8% (17)	4% (9)	7% (14)	1% (3)
Strength III												
lease select the top 3 strengths	12% (23)	11% (22)	**16% (31)**	2% (3)	2% (3)	10% (20)	12% (23)	8% (15)	7% (13)	9% (18)	7% (14)	5% (10)
Total Respondents												
(skipped this question)												

8. What additional health care services are needed in your community?

	Response Percent	Respons Total
Hospital services	10.7%	24
Primary/general care services	22.8%	51
Specialty care services	29.5%	66
Preventative care (immunizations, wellness)	**38.8%**	**87**
Dental services	36.6%	82
Mental health services	38.4%	86
Diagnostic (lab, Xray, etc.) services	8.9%	20
Social/support services	30.4%	68
Home care	20.1%	45
Elderly Care	34.8%	78
Pharmaceutical services	33.5%	75
Trauma care	16.5%	37
Public health options	36.2%	81
View Other (please specify)	22.8%	51
Total Respondents		**224**
(skipped this question)		76

9. If identifying primary/general care services please indicate need for:

	Response Percent	Respons Total
Ob/Gyn	27.2%	41
Pediatrics	28.5%	43
Family/general practice medicine	**61.6%**	**93**
Internal medicine	28.5%	43
View Other (please specify)	18.5%	28
Total Respondents		**151**
(skipped this question)		149

10. If identifying specialty care services please indicate need for:

	Response Percent	Respons Total
Cardiovascular services	28%	45
Orthopedic services	27.3%	44
Neurological/neurosurgical services	39.1%	63
Care related to diabetes	**49.1%**	**79**
View Other (please specify)	29.8%	48
Total Respondents		**161**
(skipped this question)		139

NARRATIVE COMMENTS FROM WEB BASED SURVEY

The following comments by the web based survey participants are consistent with the comments developed in the focus group activities held at the Region IV Pre-Summit. These are included in the Appendix verbatim so that the depth of the comments are available to the statewide summit.

1	We need more programs for the working class who cannot afford health care.
2	Lafayette is growing and it's time for women to have a choice on where to have a baby. I feel Lafayette is ready for a Birthing Center. Instead of have a choice of a home birth or a hospital birth, women can have both. Birthing Center can give that home feeling but still have ther security of a hospital. That's what Lafayette needs.
3	Cost of insurance has skyrocketed, as have costs of services. Something must be done. Health insurance costs are the equivalent of some people's housing costs. Individuals must choose between a place to live or health insurance. And, even with insurance, the deductibles must also be paid. And--on a national level, why is it that home mortage interest is fully deductible, but only health care/insurance costs greater than 7.5% of adjusted gross income may be deducted? Is owning a home more important than good health???
4	With the combined cooperation of our Health Care Providers and our State/Federal Policy Makers, Louisiana is poised to become the model state for Comprehensive Health Care Reform in this new malinieum, thereby leading our great nation out of this Health Care delima...
5	I had to put my special needs child in the custody of ocs so that I could get needed Mental health care. Now I am fighting to get her back. I begged ocs for over a year to help me get M.H. services to prevent this scenario but no services were available to me until I had been hospitalized first. Prevention, prevention, prevention!!!!!!!!!
6	Because I am 23 and a Medicaid recipient,I am ineligble for community dental services. Needless to say, I am also too old to receive it through Medicaid. Why am I forced to have a mouth full of cavities(due to pregnancy) because I don't make enough money, but work? My pointis, I feel the age limit should be extended in the Medicaid dental care requirements.

7	Medicare benefits have less benefits and coverage than Medicaid. My father suffered with kidney disease and recently passed away. He paid for Medicare and a secondary insurance, he did not qualify for Medicaid. Transportation was a hardship problem to and from Dialysis. He could not drive, so I had to transport him to and from the Clinic because Medicare did not cover transportation and it would have been outragously expensive to hire private transport. Medicaid patients had a free ride to the Clinic. Also, Medicaid has more coverages for Medical Equipment than Medicare. This is not a fair deal for those who pay for coverage and receive less.
8	Geriatric services desperately needed.
9	The biggest health care problem that I see is the common worker is being forced over and over to switch jobs and by retirement time it is getting to where you will not have the group health care that you worked so hard for. We need to force companies to pay for portable health care. And it should be retroactive to cover all the workers that have been cut out after serving 5, 10, 15,...years for a company.
10	I think that it is a crying disgrace that in a country as advanced as this one that everyone doesn't have access to quality health care. I strongly believe that must come before weapons of mass destruction, space exploration and costly wars.
11	Lafayette area needs clinics to handle non-emergency health care for the uninsured or under-insured. Also few pediatricians to treat children on Medicaid.
12	The Insurance issues are never discussed. We focus on the Indignet, but never on the nearly Indigent. Health Insurance need to be looked at, the cost and the services. The insurance, either secondary or supplemental, are sometimes very high and don't provide what the patient thinks. Education on the insurances are need and the cost should be looked at by the Insurance commission.
13	Coming from a different state, I have been told that health care is a few years behind; especially home health and pediatrics, getting children treated at home instead of unnecessary hospital stays.
14	To be a productive citizen, you need your health. Often, it costs less over time to prevent disease, than it does to cure it. Yet healthcare in this country is for the rich, period. And, even if you can afford health insurance, that is no guarantee that when you need it, that "they" will pay for your cure. Healthcare, and the cost of health in this country, is the most pressing, important problem we have. More than terrorism, or any other problem. We need to stop building "pretty", which translates as expensive, hospitals. I don't know of anyone who cares what a hospital looks like, as long as it works. The "cost" of healthcare should be in providing health, not in making it pretty. The system needs to be streamlined. By making things easier to accomplish, ie. less paperwork, less redundancy, etc., will make things less expensive. We need to spend our healthcare dollars wisely. We need to take care of EVERYONE, especially those who can't take care of themselves, because of the "cost" of health in this country today.
15	I recently lost my father-in-law to stomach cancer. He visited University Medical Center in Lafayette, was told he had an ulcer after they studied his x-rays, given a cup of Mylanta to drink and sent home. He died 8 days later.... He was uninsured...but one of the working poor...can't afford health insurance and not qualified for public assistance. I'd say that the system failed him big time.
16	I think this survey missed an important opportunity to ask a very important question. How can we provide quality care and at the same time reduce the cost to taxpayers who fund all health care and especially to those who have and provide group insurance. They in fact are taxed at least twice for health care. I personally believe we have never tried alternative to conventional methods of delivery. We need to consider the ability of Nurses to provide primary care and we need to work with all states to help reduce the costs of medicines. We need to keep those who have private insurance from caring a large portion of the costs of health care to everyone
17	Specialty facilities,e.g.,Heart Hospital of Lafayette that offer highly specialized care 24/7 utilizing a unique cardiac care model will provide care more readily to all patients in a much more effecient, cost-effective manner. This unique model will set a new standard of cardiac care and make general, community hospitals more effecient and competitive thereby reducing the cost of health care for all of society. After 24 years of practicing the specialty of Cardiovascular Medicine, I'm firmly convinced that this is the only means by which hospital administrators can be held accountable for providing efficient, affordable care. Heretofore general hospital administrators have never had competition and therefore have had no accountability for their wasteful mismanagement of public resources. Bills such as the Breaux Amendment protect them from being accountable for their inefficiencies. The most immediate means of reducing health care costs would undoubtedly be to remove the tax-exempt status of all general hospitals. This move would test the true leadership of any government official but would change healthcare forever in a most meaningful and favorable way. What happens in general hospitals is that administrators handpick business professionals who put up with these wasteful practices until they can no longer tolerate them. The businessmen resign and the wasteful cycle of unaccountability perpetuates itself. By such practices general hospitals throughout the nation have brought about our current healthcare crisis. Unless our elected officials have the courage and leadership to correct the problem, our healthcare system will bankrupt this nation.
18	high cost of insurance premiums.

19	Everyone, including Medicaid and uninsured/indigent persons should pay a nominal co-pay($3-15) for health care services, including visits to physician offices, emergency depts., prescription drugs, etc. This should include services provided at the state's charity hospital system. Health care should be universal and affordable, but not "free".
20	Government's new drug prescription plan - It is entirely too costly - If corporations can bargain for lower rates, why can't the government.
21	We need death services, so our people can die with dignity and not suffer too long with chronic acute pain due to gout.
22	With all the taxes and other income available to the State of Louisiana Medical care should be readily available to everyone. The status of the chairty hospitals in Louisiana is very sad. So many people depend on UMC and other such facilites for medical assistance. Due to budget cuts, many Louisiana citizens are suffering and dying from no medical care.
23	This survey asked questions without providing enough context to fully understand the meaning of selecting one choice over another. Therefore, the survey is flawed.
24	Insurance Cost is prohibitive, I would be retired if I didn't have to pay for insurance. Uninsured I would not be able to get quality of care nor be able to afford the cost of care because the cost of medical care is extreme as well. The medical community needs to look at a whole system of providership to include complementary and alternative care.
25	I would like to see the low working class be able to get some type of health care that they can afford. Because I know of someone that is a very bad diabetic that need a doctors care as we speak but can not afford to go so I would like to see that she gets the care that she deserve.
26	Our Health Care system needs revision. The coast for the poor is shamefull. We know our present Governor understands the needs and will do everything sehe can to conduct a fruitfull Health Summit!
27	There is a need for additional substance abuse treatment beds for adolescents, pregnant women, and adults. There is also a need for a unit to triage services for dually diagnosed individuals with substance abuse and mental health problems. There is a need for a medical detoxification unit for opiate addicts.
28	UMC is a very needed service for the free care & medicare population. If system is ran more streamline, like the private hospitals, the additional budget needs would be found.
29	* Recapitalize the LSU Hospitals using one-time monies available in the final year of 175% Medicaid-DSH reimbursement. This was the intent of the federal goverment. * Provide the additional $100 million DSH monies from the recient Medicare Procreption Bill to LSU Hospitals which was the intended of Washington. * Fully fund UMC to provide care to additional indegent patients from Region IV. * UMC should be considered a strength of Region IV * Support UMC's academic mission which provides physicians to Region IV communities
30	I am currently underemployed, so I am unable to afford healthcare coverage as a single individual with no dependent(s). When it comes to governmental assistance or programs availability, singles are often not considered for any benefits yet we contribute the greatest amount of money in taxes to fund programs for others.
31	all
32	Office for Addictive Disorders help a lot of people deal with a lot of issues. There waiting list to get into treatment is real long. There should be a lot of help in this area since our population realy needs the treatment to provide a strong family bond.
33	The system for Addictive Disorders is overwhelmed. The wait for services is detrimental for someone who is ambivalent;waiting for an appointment allows time to change their mind about treatment.
34	University Medical Center and the other state hospitals are needed to care for the poor and un- insured people of Louisiana. This system is capable of doing a good job if only it was well funded. UMC is a valuable training site for medical students, nursing students, radiology students, respiratory students and residents. I work at UMC at the Medical Library which provides medical information services to the patients and healthcare professionals at UMC and to the 13 parishes of Southwest Louisiana serves by the Southwest Louisiana Area Health Education Center. UMC provides important services to the community and should be given financial support from the state to continue providing care to the Lafayette community and surrounding area.
35	Overall, Lafayette is blessed with a wide variety of choices in health care, all providing good service. The cost of health care as well as the choices that patients are often mandated to make as per their individual insurance coverage are key issues to address.

36	My name is Grant Boatright, Director of pharmacy for University Medical Center. Issues: I will highlight some economic reasons advantages of haveing a "Charity Hospital": 1. Due to the patient make-up of UMC, we are a Disproportionate Share Hospital (DSH). This gives us advantages for caring for the indigent that private hospitals do not have. a. We have access to PHS (Public Health Services) pricing for medications. These prices are 30 to 40% better than private hospitals. b. because we are DSH, We also access expensive inpatient and outpatient medications from foundations for patients who qualify. 2. We currently have a patient assistance program available to our patients and provide Retail medications. This is to decrease inpatient visits along with disease management services provided by the hospital. 3. Because we are a system of 9 hospitals, plus LSU Shreveport, we have the ability to combine our resources and model ourselves after each other's good atributes. This also gives us buying power to negociate contracts.
37	*** The new multiple specialty hospitals should be forced to accept medicare and medicaid pt. also, at least a percentage of admits. Otherwise they will kill the existing full service Hosptals. They should never have been built, there was no need and this "boutique" system has failed in other places and ruined the full services available in other states. **We need the University Medical Center to continue to be active. It is vital to the community health and to the education of Physicians and nurses, as well as other types of learning.
38	The healthcare divide in this community is even greater than the digital divide.
39	Closures of UMC beds and programs will hurt the private providers and does not provide the uninsured and Medicaid patients with a continuity of care.
40	I think Gov. Blanco is our only hope to improve the public health clinics and state owned hospitals. I am a nursing student at ULL who has worked at University Medical Center and realize how valuable this facility is to the citizens of Acadiana. Gov. Blanco, please work with our budget to make medications more affordable for all people. Many people are suffering because they cannot afford the medications they need, and many work two jobs just to get the monthly medications they require.
41	Without some of the desperately needed services available, people are becoming more sick and are less productive as individuals in society which results in higher costs to take care of them in an emergent situation.
42	We need better and faster care for the homeless and indigent.
43	The ob/gyn services provided by umc physicians and nurses are some of the best in the State, however the program is in serious jeopardy due to current medicaid regulations. Those of us who pay insurance premiums for our health care must seek only the services and providers covered by our policy, yet patients with medicare and medicaid may seek care from anyone who will accept their card. Most of these women will get initial prenatal care at umc clinics and /or labor and delivery departments only until the medicaid card is provided. These same women seek the services of a private physician who then bills medicaid for the the entire prenatal care program, and the delivery of the infant. It is important to note that once these women become high-risk patients for any reason they are sent back to umc for continued care and delivery, by the same physician who was more than willing to deliver the uncomplicated patient. Some of these women have said that the private doctors tell them to go to umc if problems occur at night or on the weekend and to bring copies of their umc records with them on their next appointment. The tax dollars of the citizens of Louisiana, are paying for services that those of us with private insurance cannot have even if we chose to. We stand to lose a very important training program for future physicians as well as services for those in our community who chose to receive care at umc or do not qualify for the medicaid card. The State of Louisiana is losing millions of medicaid dollars yearly to the private sector due to inequality in the system. By the same token our elderly and uninsured have great difficulty getting care in the private sector because of the level of reimbursement medicare and medicaid provides for services other than ob. Thus, the long waits at the walk-in clinics and ER at UMC. This problem can be fixed and services pro- vided with attention to the way in which medicaid dollars are spent. I have some ideas about this and would welcome an opportunity to share them with someone who will listen. Thank you
44	We also need to pay attention to fraud in the welfare system. The systems intended use was that of temporary basis. We need to get these peolple off welfare and into the work force. Their dependence on the welfare system puts a unfair burden on the working taxpayers.
45	I have two problems with my insurance company. Fist there is no group dental policy. Second the deductible is so high that I tend to put off going to the doctor until I can afford to pay the deductible. This tends to acerbate my illness. The bottom line regarding healthcare is that there are too many entities trying to make a profit from the sick (Hospitals, doctors,pharmaceutical companies,insurance providers...)and not enough attention giving to keeping our population healthy. (Better environmental working conditions, greater accountability for the quality of food available for consumption, incentives for staying healthy, free testing and screening to catch problems early.)
46	Mental Health services are severely lacking, insufficient psychiatrists, inadequate or unavailable care through state system, no in-patient for adolescents with addictive or psychiatric disorders...for a community this size we should be doing better than this for mental health services!

47	the disincentives in the law for quadriplegics, who i admittedly haven't participated in lobbying/organized efforts because they didn't live long or were healthy enough to be participative, need to be addressed. I have a master's degree and want to work and earn at least a minimal income sufficient to live "normally" while keeping the benefits I need to get me up/ready/aid me to do it. Above that and of course major is keeping medicare/medicaid because obviously, i'm uninsurable and need them both to be healthy.
48	I submitted this survey earlier, but I forgot to tell you about an observation I have that contributes to the poor image of our health care and contributes to added health care costs. The observation is on "Community Care". It is an abomination to call this a service. It adds layers of paperwork to an already taxed administrative systems and has no visible benefit to the patient. I suspect that its main impact is to discourage patients in their quest for medical care. In addition to the extra paperwork, the extra staff it takes to administer the program, and the extra workload on admissions and patient billing, I think that is can be misused to channel money away from the institutions best equipped to provide indigent and low income care. I am not totally familiar with the intent of "Community Care", so I cannot quote specifics. I am only an observer and a systems analyst who was charged with cost reductions in industry using the techniques of productivity improvement, re-engineering, and systems analysis when building new systems. The lesson I learned is that reduction in the number and complexity of steps is the quickest way to reduce cost and improve productivity. Thanks for the opportunity to send you this message. Larry LeBlanc MSEE
49	I think the healthcare in this area is quite good. For the size of our area we have most things covered. The major problem is the cost of medicine which is high. Plus the uninsured sometimes have to choose between medicine and food which is not a good thing.
50	I hope Lafayette does not over build hospitals. We don't need a glut, however we need another general hospital in Lafayette in the Kaliste Saloom /Camellia Blvd area to serve people in the surrounding areas. We really must attend to our elderly, we can't just let them wither away in nursing homes. I think we need to buld more assisted-living complexes in our area, and not built just for profit , but provided by the governmental bodies.
51	I've been an employee at University Medical Center for 13 years in Lafayette, LA. I work as a Library Specialist 3 in the Medical Library. We not only help with our medical staff, residents, students, nurses and employees here at UMC but also provide medical information to 13 parishes as part of the Southwest Louisiana Area Health Education Center (SWLAHEC). Let's keep UMC open and our MEDICAL LIBRARY here so we can continue our work of providing valuable medical information to our patrons and for those in other parishes who have no access to obtain medical information vital to their needs and the needs of their patients. I not only enjoy my work but knowing that I can help to provide the latest medical information that may help treat, diagnose or even save a patients life. Indigent patients need a place to go for medical treatment close to their area - so let's keep UMC open for them. Let us not forget them! Let us continue to provide services for them! Someday you may be without Insurance - it could be YOU!
52	% insured portetion and the cost is afforable for fammilies.
53	THE MEDICAID SYSTEM NEEDS TO BE TOTALLY REVAMPED. WE SEE MEDICAID PATIENTS AT OUR PRACTICE, AND THE PROGRAM IS *ABUSED*. IT MAKES ME SICK TO HAVE TO PAY TAXES TO SUPPORT THESE ABUSERS.
54	insurance costs for individuals - espeically self employed - is outrageous; there is little or no information available for presricption assistance in the US - have to use candadian resources
55	Lafayette has allowed too many private hospitals to be built. There is a limited number of qualified healthcare professionals to staff these facilities.
56	The health care in Breaux Bridge is limited to Internal Medicine and General Practice Physicians. There is a small rural hospital, a dialysis center, and a nursing home. Patients have to routed to Lafayette to see specialists. But even patients in Lafayette have to be sent to specialists for certain diseases and treatments. The rural hospital is great for lab work,x-rays,etc. Also for ER care after hours and on the weekends, and to stabilize patients until they can be sent to a larger hospital in Lafayette.
57	To have resources you must have money available and the right people. There is so much bureaucracy between the people who say they care and the ones on the bottom delivering the care that the message is garbled. Many times I don't think the people in between deliver the message. I don't know if they think that we are so far down stream that what we think is irrelevant or can't be heard or understood over the sound of the rushing water. I am a nurse with a patient that needs help and right now feel like I have to move mountains to get them the care they need. And I am not talking about the best care just the minimum care for them to get by.

58	A great deal of money has been or is being spent on cardiovascular services and rightly so due to the high rate of cardiac diseases in this area. Also more money is being spent on geriatric mental health services. There is a severe lack of inpatient and outpatient mental health services for children and adolescents. Alexandria is the closet inpatient option which is quite a distance from Lafayette. Due to funding, existing programs or programs which were in the planning stages are no longer viable due to lack of funding, not lack of need. Also, nursing homes are shall we say "not the best" compared to other states. Unfortunately there are people who do need this type of health care setting. Thank you for your time.
59	Need to increase the number of nurses available to work in hospitals and their salaries and benefits.
60	A person goes in for a procedure and the bill totals let's say $35,000.00. If the person is insured, the insurance company agrees to pay the hospital,doctors,etc. an amount of let's say $18,000.00 for services. Of course hospital writes off balance owed. Works well for taxes etc. for the providers (Higher Profits). Let's say I sell you a microwave and the suggested retail is $750.00 but you come in and tell me you will only pay me $350.00 for it but I can purchase alot of microwaves (insurnace companies have large groups)so you say ok and then since you won't pay me the retail price for this I will write off $400.00 for every microwave you buy as bad debt. Everyone wins except the indivual that just wants 1 microwave and the govenment that looses taxes on the discounted microwave (or procedure). If the indvidual didn't have insurance the whole $35,000.00 is owed. Seems the medical industry as a whole has it's prices inflated so that they can come down and negotiate with the insurance companies. Seems to me that if Medical care providers and pharmaceuticals etc. would charge a fair and flat price reguardless of weteher insured or not, there would be alot less fraud and misuse! So my recommendation would be to establish flat rates for procedures...medications....hospitals room rates etc. you would find insurance rates would drop the public would know what to expect. Competion is good and business pratices shown that this drives down cost in most industries except the medical field for some reason. But when one needs serious medical attention cost is usually not an issue when making decisions, but one could easily spend the rest of their lives paying for it.
61	The care UMC provides for the indigent is necessary for survival. How can you put a price on someone's life? I think it would be beneficial to add more services to UMC such as the Oxygen Chamber that can prevent a diabetic patient from having multiple surgeries. This is a cost saver in the long run.
62	UMC IS A VERY WONDERFUL PLACE TO WORK! I'VE BEEN WORKING HERE FOR APPROXIMATELY 11 YEARS; COMMUTING OVER 130 MILES EACH DAY. I HAVE WORKED IN NEW YORK, NEW JERSEY, ST. FRANCIS CABRINI & SEVERAL OTHER LOCAL HOSTITALS IN THE ALEXANDRIA AREA AND I CAN HONESTLY SAY THAT THERE IS NO COMPARISON WHEN IT COMES TO QUALITY CARE PROVIDED FROM EACH DEDICATED EMPLOYEE AT UMC. UMC IS A VERY POSITIVE WORK FORCE. THE STAFF IS VERY PROFESSIONAL AND COMPETENT AND THERE IS A DISTINCT ATMOSPHERE OF TEAMWORK THROUGHOUT THE HOSPITAL. UMC IS A GREAT ASSET TO OUR COMMUNITY. UMC DESERVES ADEQUATE FUNDING.
63	I feel that all physicians should be trained to work with children and adults with special health care needs. There are not many pediatricians and family doctos who accept this population or they only accept them on a case by case basis. Also, it is almost impossible for children with Medicaid to acquire dental services. I feel that the Medicaid rate needs to be raised for dental services, because our children are going without dental care, because there are only a few dentists in the area who accept Medicaid. Also, there is also a problem getting special equipment. Private insurance often does not cover or only covers part of the equipment and the parents have to pay the difference. This is very expensive for families with children who have severe disabilities. Also, Medicaid often covers the equipment at a flat rate, and the child may not be able to get the special piece of equipment needed due to cost and may have to settle for something not customized for their speical needs.
64	Do away with the Charity Hospital system. It is inefficient and because of political input will NEVER be as rfficient as it could be. Let the "funds follow the patient, rather than the patient follow the funds". Many of these patients use the private and community hospitals anyway...let these hospital get reimbirsed appropriately. The alternative is to protect the healthcare funding from legislative decisions. Put healthcare funding as a mandated item in the sate budget instead of a descretionary funding item.
65	Health care policies seem to driving down the middle of the road between private coverage and public coverage. Need to regulate what coverages are required and privatise everything with subsidies for those who can't afford care.
66	University Medical University is a medical center that is need of state support and funding. LSU-UMC needs to restore to 200 bed capability to better meet the community needs in the Acadiana area. Medical Nutrition Therapy is an effective way to prevent health complications and maintain better health for the future.
67	University Medical Center is a top notch medical facility for our community. It provides quality care for our patients and a learning opportunity for a variety of physicians, including areas of speciality and allied health fields. UMC's budget needs to be restored in order for quality patient care to be maintained.

68	University Medical Center is a model hospital fully capable of competing with any and all privately funded facilities. Although forced to operate on a skeletal budget with numerous lay-offs, U.M.C. provides exceptional medical care to a wide variety of patients. U.M.C. needs more legistlative support and funding to maintain quality care and to restore to 210 bed capacity.
69	Growing population of Baby Boomers is of major concern.
70	I have not heard anyone address the issue of too much competition in certain health care markets. At which point does competition for employees and too few patients begin to drive up the cost of health care. Private hospitals are struggling with too few patients, yet more hospitals and surgery centers are being built. This can not continue.
71	I have one child and my husband and I manage him well at home with the NOW Waiver, but the LaCan group and the La. Dev. Dis. Council are putting us against those families who had to choose state DEV. Centers and I am tired of it. We should have an array of service for our loved ones, which we do. My Aunt lived 35 years at Pinecrest and received good care, but I did not judge my grandmother's decision; I supported it. Thank you for making Louisiana a better place to live.
72	thereis a need for coordination of services; services may be available, but no oneis aware of them, or they are difficult toaccess transportation for elderly/disabled is available but is inconvenient-debilitated patients have to wait hours sometimes to return home after appointments There is a shortage of physicians who will accept community care provider coverage from medicaid; those who do are maxed out.
73	I recently needed a procedure requiring that I receive an anesthetic. I called numerous agencies and nothing was available.This troubles me since I am going to require eye surgery in the near future. Also I was in Lafayette when I begin to bleed from the ear. I was refused by a nearby clinic because I am a Medicare patient. I had to get in my car and drive to the nearest emergency room with blood dripping on my clothes.
74	Let the State Medical Facilities (ie: UMC) be managed locally. also allow the system to keep all it's money and lot allocate a portion to the State general fund to be wasted on "pork" projects. Increase the capital budget to improve the facilities.
75	The biggest problem seems to be we can't afford for the state or federal government's piece of indigent healthcare costs. Why don't we look at the models of the other 49 states and pick and choose best practices from there? We can't be alone on this. Further, healthcare (as well as education) are prioritized wrong in our state. They get funded AFTER everything else. Both healthcare and education are related to quality of life and economic development, and should be funded with first dollars, leaving govt. bureaucracies, waste, empire-building, etc. to be funded with what dollars(if any) that remain. As usual, Louisiana is backwards in its thinking about priorities that count.
76	As it relates to Medicaid, the biggest problem is the maintenance and management of it's CommunityCare Program. this program has been in place for almost 10 years now, and the state is just now evaluating it's effectiveness and whether or not we are seeing any cost savings. The ER abuse is a continuing problem and will not change unless some legislature is created to protect ER physicians. Any moratorium that is put in place needs to be state specific and not a national moratorium because all states' healthcare services vary. In Louisiana, however, a moratorium on hospital beds needs to be evaluated very strongly--to include rehab, LTAC adn psych facilities as well.
77	The global issue is one of public policy. Many of the problems would go away if programs were properly funded. Providers are grossly under compensated,so they are often unwilling and unable to manage medically indigent. The raw cost of care is appropriately high because we demabd the best and our providers are the best trained in the world. Thus cost is not the issue. Managed care is not about care. It is about shifting premium dollars to managed care bentities which do not reimburse providers for their services. Add to this scenario a Medicaid and Medicare program that also devalue and underpay providers and you have a system that begins to malalign incentives thus creating an environment of disservice to those who often need it the most. All of this in an atmosphere of malpractice lawsuits that more resembles a lottery than a just resolution of honest error.It is highly complex and now is the time to initiate action. Thanks for asking.
78	I have concerns that the local Emergency rooms are over loaded with medicaid/medicare patients due to lack of available physicans. Also, UMC is not presently providing any type of orthopedic clinics/services. Those uninusured are unable to find ortho-surgeons immediately.

79	I am a Registered Nurse and Director for a psychiatric facility and have been in this field for many years. It is very difficult to place indigent and low income mental health patients in an appropriate facility and provide quality care for any length of time to these people. Emergency Rooms expect the few existing psych facilities to accept "all" patients (EMTALA) regardless of criteria or acuity. The State facilities have diminished to almost nothing and are limited due to funding. Small hospitals struggle to maintain quality staff and safe environments while the patients who are referred are "sicker" and sometimes more violent than ever before. It doesn't balance out! The NEED for quality care for the mentally ill is greater than before. Now, with the new drug bill and even more funding issues, those with the potential to open new mental health facilities to meet the demands of the community are being forced to wait indefinitely for surveys, because the state cannot afford them! What CAN we afford? We cannot afford to "not" help the mentally ill in Louisiana. We cannot. There are many valid cases of mental illness out in the community who absolutely need services and cannot get them. The existing psych facilities are at capacity most of the time...and sometimes with indigent clients who cannot afford to pay hospital costs, while others with benefits decompensate, waiting for a psych bed to "open" somewhere. It is frustrating for everyone. Please consider mental health a priority.
80	I am a healthcare professional employed at University Medical Center. Our facility could be self-sufficient if we were able to keep our revenue and it did not go to plug holes in the LSU Healthcare Science Division or the state's General Fund. I have watched in growing horror through the years as our budget shrinks and equipment becomes antiquated and obsolete. UMC provides an invaluable service for the uninsured and under-insured (this includes our elderly who can't afford supplemental insurance or the 20% co-pay of Medicare). There are SO many ways that our hospital could be improved and become more efficient. Why not ask us, the employees? We have some GREAT ideas and great insight into the problems that plague us!
81	I would like to see complementary/alternative medical care as part of a person's overall treatment/prevention system.
82	As a whole, we are fortunate to have the medical facilities, and staff that we do have for the size of our state, and we are one of the few states that have a hospital that is free for those who do not have insurance. Some states, if you don't have cash or insurance, you cannot get medical attention.
83	What we really need to look at is preventative wellness and nutritional education programs and products.
84	Medicaide patients may go to private hospitals. I pay insurance premiums and am only allowed to go to ppo providers. I strongly believe that the funding for Medicaide services should be funneled back into the state hospitals. This would enable funding to be "recycled" back to the state in supporting its hospital system. Many (most) (all?) private physicans and/or private institutions who care for Medicaide patients, will only care for them when payment is in effect. As soon as "their card" runs out, these patients are referred to the state facilities. This means that the state facilities are not only NOT receiving any funding for the care, but the care is COSTING the state money. I worked in a nursing home for a few months once and was astonished to find that all medications that have been discontinued on any patient are wasted (i.e. flushed down the commode). These medications are in a blister pack, untouched by human hands but are considered unsuitable for use. I asked a pharmacist why in the world we committed such waste. It appears that this involves regulation.....it cannot be assured that these medications have been temperature regulated therefore their safety can be questioned. It seems to me that if the medicines were safe enough for the patient they should be safe enough for consumption. They weren't discontinued because something was wrong with the medicine. If federal regulations don't allow our reuse of these medicines then for God's sake ship them to a third world country. I would prefer for these medications to be donated to the state hospital system to be dispensed by licensed pharmacists employed by the state. Do you have any idea how much money the state spends on care of patients who would not have been sick if they could afford their medicines? Their noncompliance in taking medicines is very often because of cost. I would have no worries whatsoever giving these medications to my children if they were prescribed! It is unconscionable to waste this much!!! If you surveyed the amout destroyed I would not be surprised if the amount was in the hundreds of thousands of dollars....at least. Thanks for you ears. These things have been bothering me for a long time.
85	Region 4 has many positives in the healthcare area. The public (state) health care system needs expansion and improvement. Need region wide, community based services, such as Assertive Community Treatment, particularly in the areas of mental health and substance abuse. Services like these could assist individuals in remaining in their community and avoid hospitalization and/or institutionalization. This is much more humane and much more cost-efficient. Though there is discussion about private/public partnerships, the reality of it is that the public sector is much more likely to serve the indigent than the private (unless through ER). Improve the public sector so that it can handle the volume with a greater degree of quality and efficiency. This not only provides the service to the indigent, it takes some burden (manpower problems, financial problems)off of the private sector. Particular attention should be given to work being done by the Department of Health and Hospitals in compliance with Act 254. The Act allows the regionalization of human services delivery; calls for a statewide framework to govern the delivery of mental health, developmental disabilities, and addictive disorders. Region 4 could elect to form its' own Community Human Services System. This would have significant impact on the design of the (public)health care system in this region. On another note, having just read an article on trauma care, and efforts to develop a tauma center in Baton Rouge, I think it would be outstanding if region 4 could develop one.

86	Maybe we should go back to the days when we made better use of our health units. The health unit was my primary care until I saw a doctor for the first time at 15. People want to get rid of the charity hospitals but I can't imagine the private sector would be able to handle the influx. We keep re-inventing the wheel. We need to quit outsourcing services and paying exhubertant contracts in order to fool the taxpayer/public into thinking we have lessened the state employee rolls. We need to quit this "doing more with less" because you end up with less. Do away with non-essential services-don't build that walking tract in Coteau (no slur to the Govenor intended-this is fact) and use the money where to build on health care. For once and for all-do away with slush funds. Make cuts across the board. I thought ammendment 3 had done this. Perhaps the income limits are too high in some of our programs-revisit there.
87	We are in a public healthcare crisis. Please take a serious look at who is making decisions for our healthcare industry in Louisiana.
88	Without question, the major issue is financing health care, especially for the poor. This is a challenge for all involved .....Louisiana and Lafayette are no diferent from any other state in this regard. The State safety net hospital system offers great value for the monies spent. There should be greater emphasis on fully funding this system with a projection for the highest quality. When this system is no longer perceived as the second tier in a two tiered system, medical education will benefit, and costs to the public will be less. Our private general hospitals are struggling due to increased numbers of indigent patients and threats posed to their revenue base by the development of specialty hospitals.
89	control costs,investigate medicare fraud, est. some control over insurance costs and denied services
90	Discontinuing indigent facilities in this state will prove devastating to BOTH the indigent & private pay patients. If we do not take care of our indigent or "working poor" at the front end (i.e.,in our Charity outpatient clinics), we will be spending unbelievable dollars at the back end when their unattended illnesses cause costly & frequent ER visits and eventual hospitalizations. There is absolutely no way that the private healthcare system (MD offices and hospitals) in this state can effectively absorb the overwhelming number of people served by the Charity Hospital System. The only way the private sector can accommodate the indigent patients is by driving up the cost to the their consumers. It boils down to the pay-now-or-pay-later scenerio. We must continue to fund the Charity System. Otherwise, our patients will only seek heathcare when it's too late - when costly ER & hospitalizations are inevitable - ultimately driving up the cost of healthcare for everyone.
91	The working class are no longer able to afford services and proper care because many are at or below poverty level income.
92	I have worked for the Public Hospital System in Louisiana since 1988. I have worked at every profit and non - profit hospital in Lafayette and in the surrounding areas. I still work 80 hours a month in the NICU unit at Women's and Children's to be able to maintain my clinical nursing skills. In my opinion, the Public Hospital system run by LSU is the system that most consistently develops, designs, and implements its programs based on the needs of our patients, than by the dollars it receives. OUr data consistenly shows that we are in the top 10% of the nation for our outcomes for the Chronic Disease Patients that we manage in our Disease Management programs for Diabetes, Asthma, HIV, and Cancer and Heart Failure. Our hospital in Houma, LJ Chabert won the National Safety Net hospital award this year for its improvements in the Heart Failure population. Due to the vision of dedicated professionals at LSU, we have designed and implemented early intervention models that identify children at birth for potential developmental delays and links the children to services to prevent them before they ever leave the hospital. This program was responsible in Region 4, for the greatest number of children being identified and linked to services in the state this year. And 90 % of these children were identified through our hospital based collaborative programs. These programs will save the state millions of dollars in special education costs later on. WE have just received a grant to validate the outcomes at 4 of our sites with this program. Nowhere in the state will you find more dedicated, creative, and ingenius employees that have done such wonderful work on a budget that has not been increased since LSU took over in 1997. I worked as a Program Specialist at LSUHCSD helping them to design and implement their Disease Management programs. The legislature was so impressed with our results that they have given a separate line item budget for Disease Management to continue this work. Before you start closing hospitals, we would urge you to have every hospital, public, and private, come to the table with data in hand and justify their existence. I would suggest that the facilities that provided the most cost effective, quality care with best patient outcomes ought to be the facilities where your health care dollar would be best spent. Year after year our budgets are not funded to buy equipment, repair facilities, or expand technology - and still we continue to serve over a million patients a year, which is a quarter of the state's population and ~72% of those patients are totally indigent. Why not make the Public Hospitals the centers of excellence to continue to handle these populations. The private sector wants to dismantle us and take our dollars to care for the paying patients. But no one wants the patients we see every day that are the working poor and uninsured of this state. Lets put the data on the table and you start rewarding those facilities that are cost effective, with excellent outcomes and see what really happens. If you can find someone else out there to provide over a million clinic visits and ~94,000 inpatient admissions, prisoner care and mental health care free more cost effectively than we can - then shut us down. But I would urge you to base your decisions on solid outcomes and financial data than the continued rhetoric we hear every day. Every member of my family comes to UMC, including my grandchildren, and I have private insurance and go anywhere. But I don't want anyone else caring for my loved ones, because I know what they get when they come here.

93	Region 4 has 4 School-Based Health Centers (SBHC) (1-Lafayette Parish, 3 St Martins Parish) Biggest challenge is Funding. The two most important things in our children's lives is health and education. The SBHCs are there on campus to provide both. I hear accessibility is a major problem in health care. SBHC have staff fulltime, Monday through Friday, before-during-after school for students to access. They are staffed with multidisciplinary teams - doctor and/or Nurse Practitioner, fulltime Nurse and Social Worker, and receptionist. They see students throughout the day and try to keep the students in school. It also helps to keep parents at work. They monitor chronicly ill students. They focus on prevention and education to keep the students well. Routine Comprehensive Physical Examinations on a biannually schedule and annual Risk Assessments are done. Staff goes into the classrooms for education on Health Topics. SBHC keeps students immunization up to date, see acutely ill students and refer to private doctors as needed. SBHC are enrollment centers for LaCHIP. We have a Social Worker to help with disciplinary problems and infractions in school to help find out the cause. SBHC are sponsored through local hospitals and school boards. They receive some funding from a federal grant because they provide services to the lower socioeconomic population. This population is less likely to receive medical care. We work as a team to provide the best health care and education for these students. A child that is sick cannot learn. A child who cannot learn is sick. SBHC providers are a liason between the students and/or doctors, parents, school administration and faculty. SBHC differ from regular school nurses because they have more resources available. SBHC providers are not as limited to the services they provide as the school nurse are because they are readily accessible to the students and provide more extensive services. The health centers are like medical offices on campus that provide a variety of medical and mental health services.
94	You cannot just pay people more & expect that thet will suddenly want to buy insurance. Culturally I do not see that happening. EDUCATION is a big part of this problem, when to see the doc, when to go to the ER. So many low income people are using the ER as a clinic (has community care really worked? where is the data?) and burdening our trauma centers with non emergent care needs. A telephone traige for medicaid Moms may be a useful first primary care step. Other regions have used this successfully to get the right care model.
95	We need to be focusing more on primary prevention with wellness education and disease prevention services in all age groups. We need to focus on areas of environmental health. Our blood Dioxin levels are higher than those of people around the industries in Lake Charles. Our homeless population continues to grow. Accessible mental health services are needed for this group, and also services to detect and treat communicable diseases like TB and HIV in that population.
96	Many doctors are not accepting Medicare patients . Many Dr's want the money but are not willing to be on call for the emergency rooms. UMC needs to be properly funded to help keep the indigent in good health. UMC needs to redesign the internal medicine department
97	We need to keep UMC open for the uninsured who most of the time do not have the availability of transportation to go to New Orleans or Shreveport. The hospital also needs to stay open to be able to teach new doctors learning how to take care of the patients and to let them know that Lafayette is a nice place to start their own practice. It would help if we could get some of the services which were cut reinstated so that we don't need to find a ride to New Orleans when we need orthopedic care. The people at UMC are wonderful to their patients and make them feel that they are worth of quality care just like the people who do have insurance.
98	The large number of indigent uninsured patients in our community need access to consistent, high quality care. This care is or can be made available at University Medical Center with appropriate funding. Increased availbility of preventive services will help decrease hopitalizations and emergency room visits, but preventive services are currently unavailable or very limited for the uninsured and indigent.
99	I believe that patients with the medical card should be required to go to University Medical Center. These people are receiving money from the state, therefore this money will go back to the state and not to the private sector. I also believe that even if the private sector were to receive more money from the state for these people, it does not mean more or better care. I also believe there are people who choose not to buy health insurance, as the state enables these people.
100	More services (ie needed therapies) need to be covered by Medicaid and private insurance for people with developmental disabilities.
101	1. Strength having the UL Lafayette Baccalaureate & Master's in Nursing Programs. Acadiana is not as critically desperate for RN's like other parts of the US. 2. Even with group insurance, many physicians are not listed as providers on the plan. The insuree either has to switch doctors or pay greater out of pocket expense to stay with the doctor that knows them best.
102	umc serves a great deal of patients with federal entitlements. they lack the funding for the technology to draw Down the reimbursements. the funding that they do generate should stay with them most importantly, it is the only place between lake charles and new orleans where patients with hiv/aids can be seen by a board certified infectious disease specialist. he also doubles aS a professor to the meidcal school located within umc. this a valuable asset to lafayette. this sight has seaved to educate hundreds of local as well as nationally placed physicians. be very careful if you are considering closing in patient care. the residency program cannot be certified to maintain a cirriculum without inpatient care umc provides crucial services to oncology patients in region 4 as well from as far away as lake charles. perhaps that region can be asked to supplemant funding for operations. the "charity hospital" in lake charles is almost nonexsistant except for a few outpatient clinics.the patients that are currently receiving those services at umc will have to travel new orleans or shreveport. most of this population will not be able to do this. they will die ALSO, BE VERY WARY OF THE PEOPLE PROMOTING THE DOWNSIZING OF UMC WITHIN THE COMMUNITY. WHAT IS THE REAL MOTIVATION BEHIND IT. I APPRECIATE THE OPPERTUNITY TO EXPRESS OUR CONCERNS. THIS MEANS A LOT TO US!! THANK YOU FOR STEPPING TO THE PLATE. THIS IS NOT A SMALL CHARGE TO

	TAKE ON. THE DECISIONS YOU WILL MAKE WILL HAVE LASTING EFFECT IN THE COMMUNITY WHERE WE ALL LIVE. REMEMBER, THERE FOR THE GRACE OF GOD GO I MUCH PEACE AND BLESSINGS
103	I am genuinely concerned with the narrow mindedness of private pay administrative and fiscal leaders. The ideas that are offered by them seem to be focused solely upon federal reimbursement monies and not on the citizens of this community and state. We should all remember that the world we live in is filled with indigent, unfortunate and incarcerated individuals who need and deserve quality healthcare. I believe the LSUHSC hospital system plays an integral part in this healthcare balance. By simply closing the system I believe we would be making a mistake. The individuals served by these LSUHSC hospitals are grateful, well served and satisfied. I hope that our newly " elected " governor will identify as many solutions to this problem as possible prior to making decisions which will affect the patients served by this system as well as her political career. Thank You.
104	As long as the poor and uninsured do not receive preventive care, the burden of their care will be with the state. The culture of this state, be it race, poverity, education, expectations of the state to care for them has been with us for 50 years. Change will not come quickly. We need to begin to make people responsible for themselves, however, we need to assist them with the tools to make this happen. If a person cannot read higher than a 3 grade level, they will never be able to take perccriptions correctly. So much of this problem is social and I do not see too much discussion of how to begin to deal with the social issues.
105	As a privately insured individual I have been extremely pleased with the medical/dental care available within the Lafayette area. While we reside in St. Landry, we live, work and seek care in Lafayette Parish. The only deficit we have experienced is in Pediatric surgical services. Both my children required surgery as infants. Our older child had to wait for a surgeon to come from N.O. For the second, we were able to access Dr. Falterman at Women's. So the progress is coming. As a RN employed at University Medical Center I feel there are many deficits. Our patients are proud, appreciative and have extreme medical needs. Often they work, have no entitlements, little access to transportation and arrive with conditions that shorten their life due to inattention. The disease management program has begun to improve the quality of care for a great number of patients, but there is much more to be done. Our capacity to effectively provide complex services to cardiac, vascular and neurological patients is crippled due to lack of services at our facility and delays in transfer to other state hospitals secondary to decreased staff and beds.
106	if doctors accept medicaid for patient should see patient while they are waiting for medicaid card and follow through out care. just because patient becomes hight risk do not just drop patient. should follow through on care. utilize state hospital for medicaid patients.since payment is from state.
107	The city of Lafayette needs a primary nurse practitioner clinic or a greater availability of NPs to assist Medical Drs with their loads so patients get seen in time. The waits are interminable for care in the clinics. NPs can do so much to help speed the process. I had one in another city and it was really fine care.
108	Please ensure that the nursing profession is well-represented in any group making decisions regarding health care in Louisiana.
109	I think the Charity system offers a great benefit to the Community. The problem is they are Technologically behind other facilities, as well as being severely short-staffed. However they do the best they can under the circumstances. If more money were directed to purchasing new equipment for LSUMC, and allowing them to hire more staff in the areas where they are needed, this would reduce the waiting time of patients as well as staff. Increasing the pay for various positions would allow the Hospital to seek better qualified staff, an example is in the Admit Department. This is the entry point for patients, however they are dangerously short staffed, working with computers which are ancient to say the least.
110	The Healthcare industry in this day and age seems to be much more focused on treating symptoms than preventative care. From an economic standpoint, it is not in the best interest of healthcare providers to promote preventative care, but from a humanitarian standpoint, developments in such and the promotion of, will change the world for the betterment of mankind. Our economic dependence upon the healthcare industry will continue to feed the rising costs of healthcare, which will only prolong the corrupt behavior for which we already see.

111	Those with no ins depend heavily on UMC for care and help with RX. Please protect these services. Major need for dental services for the poor, low income employed, uninsured. Preventive care can help overall health.
112	I cut my thumb. About 3/4 inch and cut a tendon. The total hospital charges are over 3K so far. Thirty minutes total in ER, 1.1K surgeon, three shots. Cut thumb at 4:00 pm, finished all waits by 10:00 pm. Not bad on wait time, but cost is out of proportion to the injury.
113	The general public seems to be under the impression that the services provided by our state charity hospitals are dedicated to the indigent and those who qualify for Medical assistance programs. Most frequently, the patients at these hospitals are what would be termed the 'working poor'. They are neither lazy nor jobless nor welfare recipients; they simply cannot afford the exorbitant cost of insurance or HMO coverage. And the bottom line effect of continued budget cuts to state-funded hospitals is that the large numbers of people who depend on these facilities for all their healthcare needs will be less able to obtain the care they need. Many who currently depend on UMC or WOM or EKL, etc., and who might have to be referred to either New Orleans of Shreveport for care, if the smaller, local hospitals close, will have no way or means of transportation to get where they need to go for help. This is already happening, for services that have been curtailed due to budget cutbacks. The money diverted from the healthcare budget will eventually cost more than convenience. It will cost lives.
114	University Medical Center is our local hospital for the indigent. Serving those with or without insurance. This agency and the other public hospitals need assistance with funding. UMC has had reduced budgets for years now and are still expected to operate fully with less funds. This is truly not possible. In an effort to continue with quality, quicker care and not loss any more service and employee's, it would be truly worth looking at what can be done to keep the state hospitals and assistance with budget deficit. People are dying quick enough without having to send them out somewhere else and they can't afford it. Keeping University Medical Center open and remaining as a State hospital would be a help to our citizens who need it. Thanks
115	We need to keep University Medical Center open. The care we've receieved there is great. Due to budget cuts there, the wait time is a little longer but, it is still worth it.
116	One particular problem that I have is the fact that I live with my parents while attending college. Though my mom is a Medicaid recipient I am no longer qualified though I am unable to work because I'm a ft student and have no transportation. I've fallen inbetween the cracks. Perhaps there could be a revision to the establishment for college students who are dependent.
117	Access to services for the working class people is difficult due to higher co-pays and out of pocket expenses not covered by insurances but are still being billed by providers. In this area, primary care and emergency care for medicaid recipients has been depleted to a critical level due to the poor rate of compensation for services. Pharmaceutical costs have risen sharply also.
118	I currently am a single parent and can only afford in hospital coverage only for myself. I am in need a doctors' visits and really cannot afford them. The cost of just an exam is ridiculous.
119	Physician resistance to care by certified nurse-midwives is preventing this safe, cost effective service being an option for women in Lafayette. This option is available in other states throughout the USA and should be a choice for women in this state. Physicians have actively prevented the practice of midwives, and some have even admitted it is for financial reasons, i.e they do not want to loose business. Midwifery care is safe, effective and has been proven to reduce health care costs. This model of care should be employed in the hospitals and would also solve some issues at UMC.
120	I attended the healthcare summit yesterday and was extremely dissappointed to see such little coverage of what the industry considers a very important topic. With all the news media that was there, I was pleased to see that the spotlight would be on everyone coming together to make Louisiana healthcare better. Instead, I saw very little on TV and even more disappointing print coverage of the event. I have been in healthcare for 18 years and this is the first time that I have felt that we had a chance to make things better and that the "powers that be" really cared about our opinions. The chamber did a great job putting it all together--somehow I just wanted to beleive that the state of Louisiana's healthcare problems would be more important than Mardi Gras. I will contact the Daily Advertiser to express my opinion. Thanks for all the information that was provided. I really hope the govenor does not let the state down and listens to what the providers had to say. Angella Trappey Pediatric Associates of Lafayette
121	This community needs to incorporate the services of certified nurse-midwives and direct-entry midwives who can give high-quality, satisfying antepartum, intrapartum, postpartum, and well-woman care to low-risk women at a reasonable cost. A free-standing birth center would also be an addition welcomed by many women in the Lafayette area.

122	There are 611 Infectious Disease patients who can only see a physician at LSUMC during two half-day clinics. ALthough there continues to be a significant increase in the number of patients in this clinic, the state has only reduced funding and staffing. Of the ID patients, 75% are HIV+. The *ONLY* HIV specialists in Region IV are Drs. Saenz and Nepustil, who only practice at UMC's ID clinic. All other hospitals in the region depend upon consultation with Dr. Saenz for care of patients not hospitalized at UMC. Because clients cannot always be seen at the ID clinic, for an approximate cost of $35, they find themselves flooding Emergency rooms at 10 times the cost - requiring ER doctors to consult with the HIV specialists - who could not see HIV+ patients in the clinic because time and financial restraints in the ID clinic did not allow. As the increase in pregnant women being diagnosed with HIV rises, they become High Risk Pregnancies, flood the OB clinic and require collaboration between the ID & OB clinics. Already, women must wait over 12 months for a pap smear. The lack of access to women's health care is critical in Region IV. Once HIV+ women deliver, the only Pediatric HIV specialist is Dr. Howse at UMC. Otherwise, they must be transported to New Orleans. HIV and AIDS continue to become more prevalent in our region, especially in rural areas, among young people and among pregnant women. We need to realize that additional funding is not necessary to ease the problem, simply reinstating funds and employees would be enough to help the incredibly dedicated medical and clerical employees at UMC address this increasingly problematic health issue. As a case manager, I had the opportunity to visit patients in most of the hospitals in the region. UMC is second to none, when it comes to OB and Infectious Disease. We cannot let this valuable resource continue to struggle, which results in diversions to other hospitals, unable to adequately care for certain special need patients.
123	This survey could be helpful if I had insurance for myself. I completed the survey anyway because I am recieving benefits for my two children (La chip). My main concern is how will I be able to take them to the services available to them if I become ill.
124	Emercengy care is used inappropiately as clinics because uninsured lack resources/imformation to take care of the problem. Therefore they resort to utilizing emergency care. This increases wait time for all patients at this level.
125	I FEEL A YOUNG WOMAN WHO HAVING BABIES WITHOUT JOBS, NEED TO FIND A JOB AND SUPPORT THE FAMILY. THAT SHOULD ELIMINATE ALOT OF MEDICAL EXPENSES. CHILDREN WITH MEDICAL PROBLEMS SHOULD BE CONSIDER FIRST. THE MAIN FOCUS SHOULD BE ON OLDER PEOPLE AGES 50-64 THAT WORKED HARD AND CAN'T GET MEDICAL HELP. I HAVE SO MANY MEDICAL PROBLEMS WITH AN INCOME OF $1,200.00 AND ALSO A WIDOW AND CAN'T GET A MEDICAL CARD OR ANY KIND OF HELP. THANKS FOR LISTENING.
126	Louisiana's system of long-term care remains institutionally biased, which results in unnecessary institutionalization for seniors and individuals with disabilities. This system needs to be re-balanced to offer choice and to be more efficient and effective in meeting the needs of all citizens needing long-term care. Most people prefer in-home supports as indicated by the long waiting lists for Medicaid home and community-based services. The plan to re-balance and reform long-term care being developed by the Act 1147 created Disability Services and Supports System Consumer Task Force should be completed and implemented. The Office for Citizens with Developmental Disabilities should be designated as the Single Point of Entry for services for individuals with developmental disabilities. This office is created statutorily and charged with responsibility for ensuring individuals with developmental disabilities receive the most appropriate services according to their needs. The current fragmented system that requires individuals to access different services based on funding streams (Medicaid, Medicaid waiver, state funds) through four different offices is confusing to recipients and providers and is redundant and wasteful (i.e., ineffective and inefficient). Louisiana should adopt a policy that allows Medicaid dollars to "follow the individual" to the setting of their choice - their own home or a facility (if they are eligible). Currently, Medicaid dollars are tied to facilities (nursing homes and other institutions), which forces individuals to seek more costly and often unnecessary placement in order to receive services.
127	Being a widow, and starting all over again for everthing. One thing I need desperatly is health care. I see first hand how the elderly is treated without answers to many of their concerns. I live with my mother 81 years old and she finds herself without needed help from time to time because I have to work.
128	Unless we provide care for the uninsured, we will continue to pay for this problem, in costly emergency care, inadequate management of chronic diseases, and loss of ability to work and contribute to the well-being of our state.
129	Uninsured need to continue to go to University Medical Center. Funding needs to be made available to care for this group. I am insured and do not want the long waits at a private hospital because uninsured are filling up the waiting rooms and appointment times.
130	I would like to see the following statistics: the number of physicians practicing in Lafayette who completed any part of their residency at UMC (or Lafayette Charity)/the number of physicians practicing in Lafayette. I would like to see the same statistics for Acadiana. We need more mental health beds and more medical detox beds. Mental health patients are tying up ER beds. ER nurses are trained for emergency medical problems, not psychiatric problems. Louisiana talks about improving education and keeping our graduates at home. A student needs to be healthy and well-nourished to learn. This includes preventive medicine and availabilty of services regardless of ability to pay. Maybe a program could be developed in conjunction with the School Board for family practice doctors and pedicatricians, nurse practitioners, and nurses to go to the lower socioeconomic status schools to do physical exams, give immunizations, help get kids into the appropriate Prescription Assistance Program, etc. Dental care is needed at UMC - many patients can't afford a dentist. Poor dentition has a detrimental effect on a person's health.

131	There are too many people "working the system" who shouldn't have Medicaid, taking away precious funds from those who do need it. The State has had a big push to get as many people "insured" (with my tax dollars) with Medicaid. Why? I thought the goal would be to get as many people off of this system as possible, not push to enroll more. My tax dollars should not pay for every baby born to "qualified" people. Fathers are not required to pay anything. We need tougher rules for qualification and more case workers who can check for fraud. How can so many people have babies & not have any money? I can understand one baby, but why are we, the taxpayer, paying for these people to have more than one baby? Where does it stop? It is very hard to know where the "rules" come from - is it a Federal law, a State law, or just an intrepretation by DHH? Thank you.
132	I beleive we as a community have not addressed end of life care and by not doing thsi feel like peoples choices are not being respected and that 100's of thousand dollars are being spent went it is not what people are requesting
133	I am concerned about rising costs of prescriptions, Medicare, medicare supplement, other medically related services. I live on a fixed income, and more and more these rising costs bite into my monthly retired benefit.
134	People need to accept responsibity for working toward wellness. Need to know the sad situations of what self-infliced harms are imposed.
135	The cost of health insurance policies has skyrocketed in the past several years. However, private insurance policies (individual/family) have become so expense they are nearly unaffordable for those of us who are self-employed. If something is not done within the next 3-5 years to control these costs, I feel many self-employed people who currently have private policies will be joining the ranks of the working uninsured. It is time for government to intervene and put the healthcare cost/insurance cost issue at the very top of its priority list.
136	We have a good income, but cannot afford to insure the two adults in the family. Although our child has a individual policy, my husband and I do not have insurance. We will have to pay in full to have our baby, which is stressful. It makes me sick to see so many women chose not to marry in order to have their babies free. Or worse, split up and therefore get it all free. Meanwhile, we struggle to make ends meet right now because we are honest people. Why can't I get some relief from the financial burden of having a baby? I wish I could afford the insurance offered by my husband's employer, but I can't and to get individual maternity insurance is very expensive. HELP THE WORKING PEOPLE THAT PAY WAY TOO MUCH TAX AS IT IS.
137	I believe University Medical Center plays a vital part in our community. There are those few who say that it should be closed. I believe they have hidden agendas involving the general hospitals in Lafayette and the boutique hospitals opening soon. How could any facilities in our seven parish area absorb the 79,000 lives presently cared for at UMC. Instead of ripping UMC to pieces, the community should band together to see that it is fully funded. This way medical education could continue as well as indigent care could be provided.
138	Louisiana's health care delivery system problems did not spring up overnight and won't be fixed overnight. I do think that all possible options for expanding care to the uninsured must be explored and in so doing all providers and health systems that provide care to this population must be considered, i.e. FQHCs, Public Health, Community Hospitals, and for lack of a better term "charity hospitals".
139	please support the charity hospital. stop cutting the budget every time the state government fails to balance the budget.
140	There is not enough support srevices for children with developmental disorders in our parish and the ones that are there do not or cannot provide the services these children despritally need to grow to the best they can be.
141	The process for obtaining the medical card needs revision! There are individuals on the system that drive brand new cars, and then there are individuals that have no home, but cannot utilize the system. I think tax money is being spent on the wrong "group" of individuals!
142	The Charity Hospital network is a safety-net for the uninsured and working poor who do not qualify for Medicaid or Medicare. If the people of Louisiana want to provide care for those who are not well-to-do or well insured either privately or through the federal government, they should make up their minds and fund this system. In fact, the people of Louisiana need to think very carefully about what is important to this state, and make a committment to fund it. I cannot understand how the private sector can come near providing the level of coverage these hospitals do. Please save the Charity system.
143	University Medical Center as a full service hospital and outpatient center is not fully appreciated for its importance for the care of those with no insurance, no Medicare or Medicaid, and no independent wealth. It is a treasure to this community, and will take care of anyone who comes in. There is no way the private sector can replace UMC, although I know the private sector wants to soak up the health care funds now being expended on it.

144	I think that it is a matter of time until the government will be forced to take over entirely the health care system itself. The timing as when this happens is incredible crucial. If done too early before the people are not ready for it we could have a system worse than the one we have now. IF it is put off too long the system could go past the point of rescue.
145	WE NEED TO DO AWAY WITH INSURANCE COMPANIES AND BECOME A SELF INSURED COUNTRY
146	i am a single parent who just can not afford insurance I PRAY ALL THE TIME THAT WE DO NOT NEED MEDICAL ATTENTION.I TRIED GETTING HELP BUT I MADE $200.00 MORE THAN THE ALLOWED AMOUNT. I GET VERY LITTLE CHILD SUPPORT BUT IF I TRY TO GET MORE IT HURTS ME BECAUSE I WORK FULL TIME .IT IS VERY SAD AND MAKES SORRY THAT I CAN NOT DO BETTER NOW.I AM TRYING TO PAY OFF AS MANY BILLS AS I CAN.
147	I have concerns regarding the availability of Psychiatrists in our area. Although there are physicians here, accessing their services can often take up to 3 months (and that's if you are already a patient). Patients new into care that are often in crisis have difficulty finding physicians that are taking new patients. The physicians here seem to be providing quality services, but there is certainly a shortage of such providers.
148	I am concerned about HIV and Infectious Disease patients. In 1998, the East Clinic was seeing app. 168 HIV patients and is currently seeing 611. Despite this huge increase, the East Clinic at UMC currently operates with the same number of staff and clinic access times as they did in 1998 - 2-1/2 days per week with same number of staff. If UMC closes, I am concerned about where HIV+ individuals will get their medical care and treatment. The Centers for Disease Control is putting great emphasis on getting people tested for HIV and learning their HIV serostatus, however, services for those that are positive are not adequate.
149	I believe UMC provides valuable services and should be adequately funded for both inpatients and outpatients. The volume of indigent care is extremely high - funding to provide appropriate staffing and facilities is critical for optimal and efficent patient care.
150	There is a gap in services for medical detoxification from Methadone. Many people are left without options for a safe detox when using methadone.
151	All populations have a very high need for more home and community based services. Such services are cheaper and provide a much higher degree of consumer satisfaction and wellness then institutional care.
152	Over one-fourth of the population have a disability and health care needs including access to Assistive Technology must hit the radar screen if we are going to resolve Louisiana's Health Care Crises. There are five specific population areas outlined to identify specific health care needs but "Adults with disabilities" are not included although they have very specific health care needs that should be addressed as another subset 1. Adults with Disabilities should be addressed as a separate category. 2. More Community Based Services as an alternative to Institutional Care (Nursing Homes, Community Homes, Developmental Centers).
153	ALL MVA Trauma patients should all be automatically flown to a trauma hospital regardless of insurance if the accident has occured more than a 15 minute drive time to such trauma unit.
154	People that have learning disorders are usually not covered under group medical policies and the meds are quite expensive. It is very costly for younger parents to bear the financial burden for the checkups and medication because they are working and do not qualify for the state assisted programs.
155	Specialty Hospitals will be 'Cherry Picking' privately insured patients and shifting more of the governmental payors ie., Medicaid and Medicare patients to the community hospitals. This additional burden will cripple community not for profit facilities and rob them of their most valuable resources; their employees. Also, the specialty facilities will not take their fair share of ER patients which will further place a burden on not for profit and community facilities. Some financial obligation should be assigned to specialty facilities for not taking their 'fair share' of payor mix and ER patients, adjusted for licenced bed size, to level the playing field for all facilities serving the community. It is obvious that the specialty hospitals owned by physicians is a short term investment for the physicians involved and they will 'cash out' their investments within a 10 year period; long after the permanent damage has been done. The issue of qualified trained nurses and technical staff recruitment and retention will be a severe challenge for any healthcare facility. More state funding needs to go towards paying professors and educating those who want to enter the healthcare profession as the need of the 'baby boom' generation will only increase the burden on our state and nation. The state charity system has to be eliminated except in Shreveport and New Orleans. If the dollars follow the patients to the local facilities, duplication of services and inefficient care/access will be improved drastically in a short period of time. Work with federal officials to link the state medical facilities and providers with electronic capabilities that will create efficiencies for providers by having less 'paperwork' in their offices/facilities. Expand FQHC's to rural areas to treat the ininsured and transportation challenged population. Other social issues will need to be addressed to get those uninsured or underinsured to seek medical attention prior to being in an acute stage of illness which costs a tremendous amount of money.

156	Since there is no interpreter available at your pre-summit, so then I am now writing this message which hope this will help you for this concern. To establish support service center for Louisiana Deaf-Blind citizens (one of Gov. Blanco's nephew) for better quality of life & better communication (tacticle interpreters) to bring them to hospitals, doctor's office & anywhere related to medical reason in their better healthcare. If without this center, then they all will survive their own battle with their long illness as well getting worse for isolated every single day. Please page me at 1 877 438 2405 for voice mail for more further questionaires which I have more to say than this page. Thank you in advance for your cooperation. Sincerely, Dan Arabie, President of Louisiana Acadiana Deaf-Blind Citizens, Inc. E-Mail: DanArabie@cox-internet.com
157	Families with a child having permanent disabilities that will NEVER get better or overcome have to be re-evaluated annually and have to fight "to the death" in order to keep what little services they receive. Families with severely/permanently handicapped children should not have to meet income limits in order to qualify. This puts the family in a position that they cannot afford to have another child, or parents divorce in order to hold on to their benefits. This should not be.
158	We need to be concerned about the medical malpractice crisis that has affected our neighboring states and work to keep this problem from devastating the specialty physician pool (OB-GYN, neurosurgeons) in our state. We need to maintain the Charity Hospital System and revamp it's management.